

1 of 2

CLAIMS ONLY						Application Number 10/772036	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52	X				
3							53					
4							54	2				
5							55	2				
6							56	2				
7							57	2				
8							58	2				
9							59					
10							60					
11							61		X			
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85	2				
36							86	2				
37							87	2				
38							88	2				
39							89	2				
40							90	2				
41							91	2				
42							92	2				
43							93	2				
44							94	2				
45							95	2				
46							96	2				
47							97	2				
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

2 of 2

CLAIMS ONLY						Application Number 10/772036	Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							151	
102	X						152	
103	Z						153	
104	X						154	
105							155	
106							156	
107	X						157	
108							158	
109	X						159	
110	Z						160	
111	Z						161	
112	Z						162	
113	X						163	
114	X						164	
115	X						165	
116							166	
117	X						167	
118							168	
119	X						169	
120	X						170	
121							171	
122							172	
123							173	
124	1						174	
125							175	
126							176	
127							177	
128							178	
129							179	
130							180	
131							181	
132							182	
133							183	
134							184	
135							185	
136							186	
137							187	
138							188	
139							189	
140							190	
141							191	
142							192	
143							193	
144							194	
145							195	
146							196	
147							197	
148							198	
149							199	
150							200	
Total Indep	3						Total Indep	
Total Depend	54						Total Depend	
Total Claims	57						Total Claims	